

## Edentulism

### *Q.MH18a, b, c, d, NHANES I, 1971-75*

a. Have you lost all your teeth from your upper jaw?

- 1 Yes
- 2 No

b. Do you have a plate for your upper jaw?

- 1 Yes
- 2 No

c. How long have you had your plate?

- 1 Less than 1 year
- 2 1–4 years
- 3 5–9 years
- 4 10–19 years
- 5 20 or more years

d. Have you ever had a dental plate for your upper jaw?

- 1 Yes
- 2 No

e. How long has it been since you had any teeth to chew with in upper jaw?

- 1 Less than 1 year
- 2 1–4 years
- 3 5–9 years
- 4 10–19 years
- 5 20 or more years

### *Q.MH19a, b, c, d, NHANES I, 1971-75*

a. Have you lost all your teeth from your lower jaw?

- 1 Yes
- 2 No

b. Do you have a plate for your lower jaw?

- 1 Yes
- 2 No

c. How long have you had your plate?

- 1 Less than 1 year
- 2 1–4 years
- 3 5–9 years
- 4 10–19 years
- 5 20 or more years

d. Have you ever had a dental plate for your lower jaw?

- 1 Yes
- 2 No

e. How long has it been since you had teeth to chew with in your lower jaw?

- 1 Less than 1 year
- 2 1–4 years
- 3 5–9 years
- 4 10–19 years
- 5 20 or more years

***Q.MH20, NHANES I, 1971-75***

Do you usually wear your plate(s) while eating?

- 1 Yes
- 2 No

***Q.MH21, NHANES I, 1971-75***

Do you usually wear your plate(s) when not eating?

- 1 Yes
- 2 No

***Q.MH22, NHANES I, 1971-75***

Do you usually use denture powder or cream to help keep plate(s) in place?

- 1 Yes
- 2 No

***Q.MH23, NHANES I, 1971-75***

Do you think you need a new plate or that the one(s) you have need(s) refitting?

- 1 No
- 2 Yes, one
- 3 Yes, both
- 9 DK

***Q.1, Dentist's Exam, NHANES III, 1988-1994***

Do you have (a) denture(s) or (a) plates(s) for your (upper/lower) jaw?

Edentulous in upper jaw

- 1 Yes
- 2 No

Edentulous in lower jaw

- 1 Yes
- 2 No

***Q.2, Dentist's Exam, NHANES III, 1988-1994***

Do you usually wear your (upper/lower) denture(s) plate?

Edentulous in upper jaw

- 1 All the time
- 2 Only when awake
- 3 Only occasionally
- 4 Don't wear them

Edentulous in lower jaw

- 1 All the time
- 2 Only when awake
- 3 Only occasionally
- 4 Don't wear them

***Q.3, Dentist's Exam, NHANES III, 1988-1994***

During the past year, have you had problems with your dentures(s) (plate)?

Edentulous in upper jaw

1 Yes

2 No

Edentulous in lower jaw

1 Yes

2 No

***Q.5, Dentist's Exam, NHANES III, 1988-1994***

How long has it been since you had any natural teeth to chew with in your (upper/lower) jaw?

Edentulous in upper jaw

1 Less than 1 year

2 1-4 years

3 5-9 years

4 10-19 years

5 20 or more years

Edentulous in lower jaw

1 Less than 1 year

2 1-4 years

3 5-9 years

4 10-19 years

5 20 or more years

***Q. ME09, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001***

[Have you/has he/has she] lost any of [your/his/her] permanent adult teeth?

1 Yes

2 No

***Q. ME10, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001***

[Have you/has he/has she] lost all of [your/his/her] permanent adult teeth?

1 Yes

2 No

***Q.N7a, b, c, NHIS, 1983***

a. Is there anyone in the family who has lost ALL of his or her teeth?

1 Yes

2 No

b. Who is this? \_\_\_\_\_

c. Anyone else?

1 Yes

2 No

***Q.N8a, b, c, d, NHIS, 1983***

a. Does \_\_\_\_\_ have false teeth?

1 Yes

2 No

b. Does \_\_\_\_\_ have an upper plate, a lower plate, or both?

1 Upper

2 Lower

3 Both

c. Does \_\_\_\_\_ usually wear \_\_\_\_\_ plate(s) while eating?

- 1 Yes
- 2 No

d. Does \_\_\_\_\_ usually wear \_\_\_\_\_ plate(s) when not eating?

- 1 Yes
- 2 No

***Q.6a, b, c, NHIS 1986***

a. Is there anyone in the family who has lost ALL of his or her natural teeth?

- 1 Yes
- 2 No

b. Who is this?

c. Anyone else?

- 1 Yes
- 2 No

***Q.4a, b, c, d, e, f, g, h, NHIS, 1989***

a. Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth?

- 1 Yes
- 2 No

b. Who is this?

c. Anyone else?

- 1 Yes
- 2 No

d. Does \_\_\_\_\_ have an upper denture or plate?

- 1 Yes
- 2 No

e. Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth?

- 1 Yes
- 2 No

f. Who is this?

g. Anyone else?

- 1 Yes
- 2 No

h. Does \_\_\_\_\_ have and lower denture or plate?

- 1 Yes
- 2 No

***Q.Z3, NHIS, 1990***

Have you lost any of your permanent teeth, both upper and lower?

- 1 Yes
- 2 No

***Q.P2, NHIS, 1991; 1993***

Have you lost ALL of your UPPER natural teeth?

- 1 Yes
- 2 No

***Q.P3, NHIS, 1991; 1993***

Have you lost ALL of your LOWER natural teeth?

- 1 Yes
- 2 No

***Q.ACN.451, NHIS, 1997***

Have you lost all of your .....upper natural (permanent) teeth? ...lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***Q.ACN.451, NHIS, 1999; 2000; 2001; 2002***

Have you lost all of your upper and lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

***Q.SAQ.31, NMES, 1987***

The following question asks about the number of adult teeth you have lost. Do not count as “lost” missing wisdom teeth, “baby” teeth, or teeth which were pulled for orthodontia (straightening the teeth). Have you lost...

- 1 All of your adult teeth
- 2 Some of your adult teeth
- 3 None of your adult teeth

***Q.SAQ.32, NMES, 1987***

Are any of your missing teeth replaced by full or partial dentures, false teeth, bridges or dental plates?

- 1 Yes
- 2 No

***Q.HA40, MEPS NHC, 1996***

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have:?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Inflamed, swollen, or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- DK

***Q.AP18a, b, MEPS HC, 1996; 1997; 1998; 1999***

a. (Do/Does) (person) wear dentures?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

b. (Have/Has) (person) lost all of (person)'s **adult** teeth?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

***Q.AP18B, MEPS HC, 2000***

(Have/Has) (person) lost all of (person)'s upper and lower natural (permanent) teeth?

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

***Q.HE00A, MEPS HC, 2001***

Has anyone in the family lost all of his or her **adult** teeth? Do not count as 'lost', missing wisdom teeth, 'baby' teeth, or teeth which were pulled for orthodontia (straightening the teeth).

- 1 Yes
- 2 No
- 7 Ref
- 8 DK

***Q.3, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998;***

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

- 1 5 or fewer
- 2 6 or more but not all
- 3 All
- 8 None

- 7 DK/Not sure
- 9 Refused

***Q.2, BRFSS, Section 6, 1999; Module 6, 2000; Module 6, 2001; Section 7, 2002***

How many of your permanent teeth have been removed because of tooth decay or gum disease?

Do not include teeth lost for other reasons, such as injury or orthodontics.

*[Include teeth lost due to "infection".]*

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 DK/Not sure
- 9 Refused

***Q.14b, c, d, e, f, g, NNHS-3, 1995***

b. Has...lost ALL of (his/her) upper permanent natural teeth?

- Yes
- No
- DK

c. Does....have an upper denture or plate?

- Yes
- No
- DK

d. Has...lost ALL of (his/her) lower permanent natural teeth?

- Yes
- No
- DK

e. Does....have a lower denture or plate?

- Yes
- No
- DK

f. How often does....wear the dentures?

- All the time
- Usually
- About half the time
- Seldom
- Never
- DK

g. Does....usually wear dentures when eating?

Yes

No

DK

***Q.HHCS-3.12, NHHCS, 1996; 1998***

Which of these aids does...currently use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Brace
- 03 Cane
- 04 Crutches
- 05 Dentures (full or partial)
- 06 Eyeglasses (including contact lenses)
- 07 Hearing aid
- 08 Hospital bed
- 09 Orthotics
- 10 Shower chair
- 11 Walker
- 12 Wheel chair – Manually operated
- 13 Wheel chair – Motorized
- 14 Other – Specify \_\_\_\_\_

***Q.HHCS-5.12, NHHCS, 1996***

The last time service was provided prior to (discharge on *date of discharge/death*), which of these aids did...regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Brace
- 03 Cane
- 04 Crutches
- 05 Dentures (full or partial)
- 06 Eyeglasses (including contact lenses)
- 07 Hearing aid
- 08 Hospital bed
- 09 Orthotics
- 10 Shower chair
- 11 Walker
- 12 Wheel chair – Manually operated
- 13 Wheel chair – Motorized
- 14 Other – Specify \_\_\_\_\_

***Q.HHCS-5.11, NHHCS, 1998; 2000***

During the 30 days prior to (*discharge/death*), which of these aids or special devices did she/he regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Blood glucose monitor
- 03 Cane, crutches
- 04 Dentures (full or partial)
- 05 Elevated/raised toilet seat
- 06 Enteral feeding equipment
- 07 Eyeglasses (including contact lenses)
- 08 Geri-chairs, lift chairs, other specialized chairs
- 09 Grab bars
- 10 Hearing aid
- 11 Hospital bed
- 12 IV therapy equipment
- 13 Mattress, special (eggcrate, foam, air, gel, etc.)
- 14 Orthotics, including braces
- 15 Overbed table
- 16 Oxygen (including oxygen concentrator)
- 17 Other respiratory therapy equipment
- 18 Shower chair/Bath bench
- 19 Transfer equipment
- 20 Walker
- 21 Wheel chair – Manually operated (including scooter)
- 22 Wheel chair – Motorized
- 23 Other – Specify \_\_\_\_\_

***Q.HHCS-3.11, NHHCS, 2000***

During the last 30 days/Since admission, which of these aids or special devices did she/he regularly use? PROBE: Any other aids?

- 00 No aids used
- 01 Beside commode
- 02 Blood glucose monitor
- 03 Cane, crutches
- 04 Dentures (full or partial)
- 05 Elevated/raised toilet seat
- 06 Enteral feeding equipment
- 07 Eyeglasses (including contact lenses)
- 08 Geri-chairs, lift chairs, other specialized chairs
- 09 Grab bars
- 10 Hearing aid
- 11 Hospital bed
- 12 IV therapy equipment
- 13 Mattress, special (eggcrate, foam, air, gel, etc.)
- 14 Orthotics, including braces

- 15 Overbed table
- 16 Oxygen (including oxygen concentrator)
- 17 Other respiratory therapy equipment
- 18 Shower chair/bath bench
- 19 Transfer equipment
- 20 Walker
- 21 Wheel chair – manually operated (including scooter)
- 22 Wheel chair – motorized
- 23 Other – Specify \_\_\_\_\_

***Q.HA40, MCBS, 1997; 1998; 1999; 2000; 2001***

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have:?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Broken, loose or carious teeth
- Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- DK